



# HAWAII STATE ETHICS COMMISSION

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or P.O. BOX 616, HONOLULU, HAWAII 96809

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NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

STATE OF HAWAII  
STATE ETHICS COMMISSION

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tollefson	Jim		(808)545-4300
MAILING ADDRESS (Street)			FAX (808)545-4369
1132 Bishop Street, Ste. 402			EMAIL <a href="mailto:jtollefson@cochawaii.org">jtollefson@cochawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Chamber of Commerce of Hawaii			(808)545-4300
MAILING ADDRESS (Street)			FAX (808)545-4369
1132 Bishop Street, Ste. 402			EMAIL <a href="mailto:smenor-mcnamara@cochawaii.org">smenor-mcnamara@cochawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
The Chamber of Commerce of Hawaii		(808)545-4300
MAILING ADDRESS (Street)		FAX (808)545-4369
1132 Bishop Street, Ste. 402		EMAIL <a href="mailto:smenor-mcnamara@cochawaii.org">smenor-mcnamara@cochawaii.org</a>
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Sherry Menor-McNamara		(808)545-4300
MAILING ADDRESS (Street)		FAX (808)545-4369
1132 Bishop Street, Ste. 402		EMAIL <a href="mailto:smenor-mcnamara@cochawaii.org">smenor-mcnamara@cochawaii.org</a>
(City)	(State)	(Zip Code)
Honolulu	HI	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input checked="" type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing                        | <input checked="" type="checkbox"/> Public Safety & Corrections                        | _____  |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/23/13

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jim Tollefson	President & CEO

NAME OF ORGANIZATION (if applicable)  
The Chamber of Commerce of Hawaii

TELEPHONE  
(808)545-4300

MAILING ADDRESS (Street)  
1132 Bishop Street, Ste. 402

FAX (808)545-4369

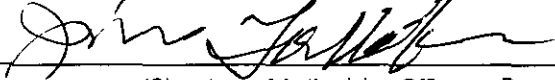
EMAIL  
jtollefson@cochawaii.org

(City)  
Honolulu

(State)  
HI

(Zip Code)  
96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/23/13

(Date)